

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/1532 996

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/	/			
3	2		/			
4	1		/			
5	2		/			
6	2		/			
7	2		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	17	←	←		←
TOTAL CLAIMS		18				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←		←
TOTAL CLAIMS		18				